

Minutes of a meeting of the Health and Social Care Overview and Scrutiny Committee held on Thursday, 4 October 2018 in Committee Room 1 - City Hall, Bradford

Commenced 4.30 pm
Concluded 7.30 pm

Present – Councillors

CONSERVATIVE	LABOUR
Hargreaves Riaz	A Ahmed V Greenwood Kamran Hussain Mir

NON VOTING CO-OPTED MEMBERS

Susan Crowe
Trevor Ramsay
G Sam Samociuk

Strategic Disability Partnership
Strategic Disability Partnership
Former Mental Health Nursing Lecturer

Observers: Councillor Susan Hinchcliffe (Leader of Council)

Apologies: Councillor Mohammad Shabbir, Councillor Nicola Pollard and Councillor Khadim Hussain

Councillor V Greenwood in the Chair

26. DISCLOSURES OF INTEREST

- i. Councillor Ahmed disclosed, in the interest of transparency, that she was a Member of the Foster Panel and that she was the Council's Dementia Champion (Minute 32).
- ii. Susan Crowe disclosed, in the interest of transparency, that she had a relative who worked for one of the CCGs under discussion and that she was employed by a company which received commissions from the CCG and Department of Health and Wellbeing (Minute 31).
- iii. G Sam Samociuk disclosed, in the interest of transparency, that he was a Member of the People's Board which had worked in the CCG (Minute 31).
- iv. Trevor Ramsay disclosed, in the interest of transparency, that he was a member of Healthwatch which scrutinised the NHS (Minute 31).

27. INSPECTION OF REPORTS AND BACKGROUND PAPERS

There were no appeals submitted by the public to review decisions to restrict documents.

28. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

There were no referrals made to the Committee.

29. REIMAGINING DAYS

The Strategic Director of Health and Wellbeing submitted **Document “L”** which provided an update on the work taking place to re-think the Department’s approach to daytime activities.

The background to the report revealed that a report on Reimagining Days was presented to the Committee in December 2017 and, at the request of Members made at that time, Document “L” provided an update to that report.

The update reminded Members that Community Led Support, part of the overall departmental transformation work, was a model for social work which was about working collaboratively with communities to redesign services that worked for everyone, that evolved and were continually refined based on learning. Reimagining Days was an area of work which would rethink the aspirations for the people who were supported, explore new partnerships with communities, think about how funding was most effectively used, plan new services and alternative types of support and reflect on what actually worked.

A light touch grant process had been undertaken and concluded by 31st March 2018. The experience of that project led to the belief that a procurement process would not lead to the provision of grass roots community projects that were needed in line with the Community Led Support approach the department was developing and with the appropriate approvals the service had proceeded with a grants process.

Included in the report were a number of initiatives to support the changes being developed including Project Search. This was a pre-employment programme initially based at Bradford Teaching Hospitals NHS Foundation Trust, but now working with other employers, which helped young people with learning disabilities gain the skills they needed to obtain meaningful paid jobs.

It was explained that seven apprentices with learning disabilities had been successfully appointed by the Council based in Britannia House and it was stressed that there were real opportunities to promote access to apprenticeships for young people with learning disabilities through the Council taking a more prominent role within Project Search.

Members were also advised that the Gig Buddies contract had been awarded to MENCAP. The contract, which matched adults with a learning disability to a



volunteer with similar interests to go to events together, helped support people to get involved in community activities with friends rather than with paid support. It was explained that whilst there was still a high dependency on traditional services there was a move to get people involved in the community. Work had been undertaken to develop other options for people and it was hoped to develop that relationship further as new music and theatre venues were developed in Bradford. Contact had also been made with organisations such as the Science and Media Museum and Kala Sangam to work more closely with people in the district.

Following the presentation of Document “L” a non voting co-opted Member, representing the Strategic Disability Partnership, endorsed the testament contained in the report that for many people with disabilities involvement in work and the community was what made for a good life. She reported that through her work with people with disabilities she was very aware that they wanted opportunities to get more out of day services and to have the opportunity to work and to live as other people did. The opportunity for the Council, through its apprenticeship scheme, to be more involved in Project Search was discussed. All Members agreed that the Council should become a major participant in that scheme and that people with disabilities should have some priority, as care leavers currently did, within the Council’s apprenticeship programme.

A Member questioned if the budget saving of £400,000 was realistic with the volume of adults requiring support and he was assured that targeted services, aligned with the overall departmental transformation work, would deliver those cuts. It was confirmed that the majority of savings would be realised through reduced building costs; reduced reliance on traditional day centres; and the use of smaller, existing, community centres. People with specialist needs would be catered for in more appropriate and enhanced resources.

Resolved –

- (i) That the contents of the report (Document “L”) be noted.
- (ii) That the overall direction of travel of Reimagining Days be supported.
- (iii) That the option for the Council to support apprenticeships for people with a learning disability, physical disability or mental health issues to take a more active part in Project Search would be supported and is encouraged.

ACTION: Strategic Director, Health and Wellbeing

30. HEALTH AND WELLBEING BOARD ANNUAL REPORT

The Strategic Director of Health and Wellbeing submitted **Document “K”** which highlighted the work undertaken by the Bradford and Airedale Health and Wellbeing Board. The report explained that the board was the statutory partnership with leadership responsibility for health and wellbeing across the local



health, care and wellbeing sector.

Details of a refresh of the Terms of Reference to the Board with additional members co-opted to enable a focus on the wider determinants of health and to support alignment between the strategic delivery partnership were included in the report.

The Leader of Council addressed the meeting and reported a number of achievements since a similar report had been presented to Members last year.

- The relationship between the board and other bodies and additional responsibilities including overseeing the development and delivery of the outcomes within the Bradford District Plan 2016-2020 via the Districts strategic delivery partnerships, were explained.
- A summary of the Integration and Change Board was provided and included a refresh of the place based plan “Happy Healthy and at Home; System Development events including events to build a shared culture and promote integration and innovation and a Care Quality Commission (CQC) review together with the subsequent creation of a CQC action plan were reported.
- The review of Happy Healthy and at Home had concluded that, although there was much work to be done to ensure people received the care they needed to stay in their homes, relationships were good.

Members were reminded that the Health and Wellbeing Board had recently endorsed the Memorandum of Understanding which would allow increased involvement in the decision making process within the West Yorkshire and Harrogate Integrated Care System (ICS).

The new Joint Health and Wellbeing Strategy (JHWS) was discussed and a set of logic models, created to measure the success of the strategy were reported. It was explained that there were four outcomes within the logic model and an assigned Public Health Consultant to each outcome.

The work to integrate the Primary Care homes model and the Early help, prevention and Localities working together to create a stronger partnership between the Local Authority and services provided by the Board member organisations was reported. It was explained that Council Members had received the draft profiles for their Primary Care Home locality and an awareness session would take place in November which would help specific areas of need to be targeted.

A successful bid to the Leeds City Region Business Rates Pool to fund the “One Workforce” programme to increase skill levels and employment for local residents, whilst also addressing capacity and competency needs of the local health and care sector, was reported. The necessity to attract more people to work in the Health and Social Care Sector was stressed.



In response to the Leader's presentation a number of issues were raised including:-

- Concerns had been expressed by disabled people that the development of Community Partnerships could result in the consolidation of fewer access points making it harder for them to access primary care.
- As there were reduced resources there could be the temptation for surgeries to deliver what they considered to be the best use of their budgets and not necessarily what was in the best interests of patients.
- The physical and mental health of patients should be considered.

In response Members were advised that:-

- The development of Community Partnerships was to provide better services and would bring people together to listen to their concerns and consider the best use of resources. The initiative aimed to make the budget go further and was not about making cuts.
- All Elected Members had been invited to become involved in the Community Partnerships to represent their constituents. Those Members could ensure that the partnerships were addressing need and not just delivering the interests of health professionals.
- It was questioned if Patient Participation Groups were involved in the Community Partnerships and it was explained that some but not all had been engaged.
- It was acknowledged that both the physical and mental health of patients should be considered in the development of Community Partnerships. Local politicians knew their areas and were best placed to ensure that people became involved in their local partnerships. Members had been requested to participate and advise of any groups they felt should also be involved.
- The level of scrutiny of Health and Wellbeing was discussed and it was accepted that the Committee could and did scrutinise individual health issues.

The success of the Keep it Out Programme in the City Ward was discussed and a Member suggested that a closer relationship be developed with H M Revenue and Customs to target Illegal tobacco. A Member explained that people in the community were aware of illegal activity but were scared to report those issues. It was felt that if a relationship was developed between the customs service and trading standards residents would have more confidence to report perpetrators. In response it was explained that there were measures being undertaken by the police which were not evident to the public but it was acknowledged that residents



should be encouraged to come forward.

The Better Health Better Lives report appended to Document “K” revealed that the Bradford Beating Diabetes (BBD) programme had identified over 1,000 new diabetics within its first year. A co-opted Member questioned if participants would be monitored and if those figures would be collated to promote the positivity of the programme. In response it was explained that diabetes was a major concern and always treated as a priority. The Leader of Council agreed to provide additional information on the programme.

The effectiveness of Information Technology in identifying mental health services was discussed and it was agreed that early intervention in that issue could be enhanced through improvements to search engines.

Appended to Document K”” was the rationale and outcomes of the draft logic models for the Joint Health and Wellbeing Strategy. The models had been developed to track the progress from strategies and plans, and actions undertaken as part of those plans, to monitor those actions and to measure the outcomes. A co-opted Member expressed concern that the Mental Health Concordat was not included in those outcomes. It was agreed that the concordat should be included in every strategy and subsequent evaluation and it was agreed to check why it was not referenced in the outcomes reported.

Resolved –

That the report be noted and the Strategic Director, Health and Wellbeing, be requested to provide a further report in 12 months time.

ACTION: Strategic Director, Health and Wellbeing

31. CLINICAL COMMISSIONING GROUPS' ANNUAL PERFORMANCE REPORT

The Bradford City, Bradford Districts and Airedale and Wharfedale and Craven Clinical Commissioning Groups submitted **Document “M”** which presented performance against the NHS England Clinical Commissioning Group Improvement and Assessment Framework for 2017/18.for Bradford City (BCCCG), Bradford Districts (BDCCG) and Airedale, Wharfedale and Craven (AWCCCG) Clinical Commissioning Groups.

The background to the report informed Members that the Clinical commissioning groups (CCGs) were clinically-led statutory NHS bodies responsible for planning, buying (commissioning) and monitoring health care services in the local area. Commissioning was about getting the best possible health outcomes for the local population, by assessing local health needs, deciding priorities and strategies, and then buying services on behalf of the population from a range of organisations including hospitals, clinics and community health bodies. CCGs were responsible for the health of their entire population and their performance was measured by how much they improve outcomes.



It was explained that NHS England had a statutory duty (under the Health and Social Care Act 2012) to conduct an annual assessment of every CCG. The CCG Improvement and Assessment Framework (IAF) drew together the NHS Constitution, performance and finance metrics and transformational challenges and played an important part in the delivery of the NHS Five Year Forward View. An overview of CCG IAF performance was presented at Appendix 1 to Document “M”.

A co-opted Member, whilst welcoming the report and the vast amount of information, expressed concern that the volume of information made it less easy to read and valuable information could be concealed. It was felt that comparisons with national trends could portray that although the area compared favourably with other areas performance may still, not necessarily, be good. Whilst representing disabled people she stressed the need for those people to be treated with respect and that such reports should track the level of progress made.

It was acknowledged that the report format had been transformed over a number of years and the quantity of information was welcomed. It was agreed that the co-opted Member be included in future report planning sessions.

The Document “M” reported the financial challenge and Quality, Innovation, Productivity and Prevention (QIPP) programme to ensure that the NHS ensured that each pound spent brought maximum benefits and quality of care to the public. A table outlining the QIPP plan for 2018/2019 for all three CCGs was included in Document “M”.

It was questioned if all referrals to psychiatric services were assessed against the same criteria. It was explained that referrals were all informed by GP questionnaires and recovery rates were also measured in an identical manner. There were, however, different rates of recovery.

A belief that there was a lack of communication between GPs regarding patients who had been referred to other districts for treatment was expressed.

A Member queried how NHS England priority areas were defined. It was reported that NHS England would assess the data in the annual reports each year and review every few years. The CCG analysed data against a number of outcomes to determine where resources should be targeted. Planning guidance was also received to instruct where funds should be spent and how performance must be managed and monitored. Issues were monitored, however, some unanticipated matters would occur. NHS England would communicate annually and confirm if the CCG were outliers for specific disease. It was confirmed that there should not be any massive changes in each annual report and an improving picture should be seen.

In response to concern that targets were set against national averages it was reported that the CCGs did have some freedom to set individual targets, however,



many were imposed by NHS England.

Resolved –

That the report (Document “M”) be noted and Bradford City, Bradford Districts and Airedale and Wharfedale and Craven Clinical Commissioning Groups be requested to provide a further report in 12 months time.

ACTION: Bradford City, Bradford districts and Airedale and Wharfedale and Craven Clinical Commissioning Groups

32. ADULT SOCIAL CARE ANNUAL PERFORMANCE REPORT 2017/18

The Strategic Director of Health and Wellbeing submitted **Document “N”** which set out a summary of performance within Adult Social Care and how performance reporting and business intelligence processes were being improved.

Document “N” provided an overview of the Department of Health and Wellbeing’s performance across the Adult Social Care Outcomes Framework (ASCOF) in 2017/18, as well as an updated position on the NHS-Social Care Interface Dashboard.

The report also provided an up to date position of the work taking place across six key areas including four transformation programmes within Adult Social Care.

Document “N” revealed that a revised Performance and Business Intelligence framework was being implemented in Adult Social Care.

Performance Clinics had been launched, which focused around six key areas, four of which were current transformation programmes. The first of those clinics took place on 10th September. The clinics would increase accountability and provide a platform for the leadership group to act as a critical friend to the lead officers providing both challenge and support. At each clinic a performance paper would be written for key areas to be discussed, focusing on performance information from ASCOF and local management information, what work was currently happening to drive improvement and what else needed to happen in the future as well as identify issues with finance and any data development needs. Key performance indicators linked to each of these key areas would be agreed and tracked and discussed on an exceptions basis. Narrative from the performance papers was included at appendices A-F to Document “N”. The six key areas were reported as:-

- Delayed Transfers Of Care,
- Safeguarding and Deprivation of Liberty Safeguards (DOLS),
- Front Door,
- Effective Community Support,
- Long Term Support,
- Learning disabilities



Members questioned the overall response rates to the questionnaire and were advised that this was generally 30%. The Department of Health worked with the University of Western England to determine accurate comparator rates. There were 2,534 surveys despatched with 663 completed surveys returned to give a response rate of 26%. The survey would be conducted again in February 2019.

Members questioned the ambition to improve the Delayed Transfer of Care performance and were advised that case files and staff surveys were analysed to ensure that patients received the appropriate care on discharge. The Strategic Director, Health and Wellbeing, believed this could be a topic which Members would be interested to discuss in the future.

In response to discussions about safeguarding referrals it was explained that officers in the Multi Agency Safeguarding Hub would discuss all referrals and agree the appropriate response required.

Following discussions about the measures contained in the ASCOF analysis it was explained that in some cases a high score was positive whilst in some instances a low score was good. An explanation was provided in the first column of that table.

A co-opted Member raised concern about lack of awareness about funding options available to disabled people.

The presentation concluded with a demonstration of newly developed business intelligence reports, developed using Microsoft Power BI. Power BI allowed users to access interactive dashboards and to develop reports which allowed end users to interrogate their data and gain deeper insight. Data was extracted from Adults Social Care Management System, SystmOne, as well as other key systems. Business intelligence reports would be updated on a daily basis.

Resolved –

That the Strategic Director, Health and Wellbeing, be requested to provide a further report in 12 months time.

ACTION: Strategic Director, Health and Wellbeing

33. HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME 2018/19

The Overview and Scrutiny lead presented the Committee's Work Programme 2018/19 (**Document "O"**).

Members were advised of a joint meeting to be held with the Children's Services Overview and Scrutiny Committee on 5 February 2019. The meeting would consider Young People's Mental Health.

Respiratory Health would be a future topic for discussion and a separate agenda



item on cancer, to include lung cancer, would be arranged.

The Deputy Chair advised Members of the final dementia workshop of the municipal year being held on 9 October 2018 and details of that event would be forwarded to Members.

Resolved –

That the information contained in Appendix A to Document “O” be noted.

ACTION: Overview and Scrutiny Lead

Chair

Note: These minutes are subject to approval as a correct record at the next meeting of the Health and Social Care Overview and Scrutiny Committee.

THESE MINUTES HAVE BEEN PRODUCED, WHEREVER POSSIBLE, ON RECYCLED PAPER

